(b)   ATTACHMENT 4.22-A

(1)   The Department of Public Welfare (the Department) conducts daily
      data exchanges with the Offices of Employment Security (OES) and
      Unemployment Compensation (UC) in response to inquiries entered on
      the Income Eligibility Verification System (IEVS). Title IV-A and
      Social Security Administration (SSA) Wage and Earning Files data
      exchanges are conducted on a monthly basis. Under contract with the
      Bureau of Workers' Compensation, data exchanges are accomplished on
      a biannual basis. Claims with trauma diagnosis codes are identified
      weekly.

(2)   Income Maintenance Case Workers (IMCWs) obtain information regarding
      possible third party medical resources carried through employment by
      entering the social security numbers of every applicant, recipient,
      legally responsible relative, and absent and custodial parent on
      IEVS. This procedure is followed for each initial application and
      each redetermination process. All data exchange information
      maintained on IEVS is available within 30 days of inquiry. IMCWs
      review summary reports daily to determine if responses requiring
      disposition were received. Employment information is explored for
      possible third party resources. Any third party resources are
      incorporated into the eligibility case file and the third party data
      base.

      Data exchanges are conducted with the Department of Labor and
      Industry Bureau of Workers' Compensation biannually. The
      information obtained from the Workers' Compensation data exchange is
      ded to the third party data base and the eligibility case file
      thin two weeks of receipt of a tape.

      Resources added to the third party data base are used to cost avoid
      payments when a third party coverage is available. Claims paid
      prior to the Department's knowledge of third party coverage are
      recovered.

(3)   The Department has determined that a data match with the State Motor
      Vehicle Accident Report files cannot be pursued at this time.
      Common matching criteria for such an exchange could not be
      established.

(4) All claims with trauma diagnosis codes 800-999 International
     Classification of Disease, 9th Revision, Clinical Modification,
     Volume 1, (ICD-9-CM), with the exception of 910.10, 910.20, 910.30,
     910.40, 910.50, 910.60, 910.70, 911.00, 911.10, 911.20, 911.30,
     911.40, 911.50, 911.60, 911.70, 912.10, 912.20, 912.30, 912.40,
     912.50, 912.60, 912.70, 913.10, 913.20, 913.30, 913.40, 913.50,
     913.60, 914.10, 914.20, 914.30, 914.40, 914.50, 914.60, 914.70,
     914.80, 914.90, 915.00-915.9, 916.20, 916.30, 916.40, 916.70,
     916.80, 916.90, 917.00 - 917.90, 919.00 - 919.90, 991.00 -991.90,
     992.00 - 992.90, 993.00 - 993.90, and 994.6, are identified in each
     weekly claims processing cycle. In addition the Department uses
     ICD-9-CM codes V54.00, V54.80, V54.90, V57.00, V57.10, V57.20,
     V57.30, V57.40, V57.80, V57.81, V57.89, and V5790 to identify claims
     for possible recovery. A questionnaire is sent to the recipient
     with aggregated paid claims equal to or in excess of $250. If there
     is no response within thirty (30) days, a second questionnaire is
     sent to any recipient with aggregated paid claims of $1,000 or
     more. If no response is received from the second request within
     thirty (30) days and the aggregated paid claims total $5,000, a copy
     of the questionnaire is sent to the recipient's caseworker. The
     caseworker contacts the client to secure details on any liable third
     party. When questionnaires are returned, staff review the responses
     to determine third party resource availability. Where a resource
     exists, the information is entered in the third party liability case
     file within 60 days and recovery is pursued.

     Those diagnoses that are excluded from the trauma code editing were
     determined through a review of five months worth of data where
     claims never reached the $250 threshold.

     Periodic reviews of the cases pursued for recovery as a result of
     the trauma diagnosis code edits are conducted and those diagnosis
     codes that produce the greatest yield are identified. Future cases
     identified with these diagnosis codes are given priority status for
     recovery.